

## 1. Grant Agreement Data

1. Date Issued
2. Supersedes Award Notice Dated

STATE OF NEW JERSEY

DEPARTMENT OF \_\_\_\_\_

## GRANT AGREEMENT

3. Grant Award No.

4. Title of Grant Award

5a. Department, Division Name/Address

5b. Grantee

Name

Street

State

Zip Code

6. Grant Period (Mo./Day/Yr.)

From

Through

7. Vendor I.D. No.

8. Source of Funds

| FISCAL<br>YEAR | ACCOUNT<br>NUMBER(S) | CFDA<br>NUMBER | AMOUNT |
|----------------|----------------------|----------------|--------|
|                |                      |                | \$     |

9. Award Computation for Grant

- a. Amount of Financial Assistance \$ \_\_\_\_\_
- b. Less Unobligated Balance from Prior Budget Periods \_\_\_\_\_
- c. Less Cumulative Prior Award(s) this Budget Period \_\_\_\_\_
- d. AMOUNT of this ACTION \$ \_\_\_\_\_

10a. Nature or purpose of program to be funded

10b. This Grant is subject to the terms and conditions incorporated either directly or by reference in the following:

- Attachment A--Additional Grant Provisions
- Attachment B--Approved Budget
- Attachment C--Comparison of Actual to Budget Expenditures
- Attachment D--Program Specifications

The Grantee's Terms and Conditions for Administration of Grants is referenced in this grant.

Acceptance of the grant terms and conditions is acknowledged by the grantee by:

- (1) Returning a copy of this Grant Agreement with Section I(15) properly completed; or
- (2) Accepting funds from the State Grantor Agency. This method of acceptance is valid if a grant application signed by an officer of the grantee is on file at the State Grantor Agency.

11. Remarks (Other Terms & Conditions attached Yes ☐ No ☐

12. Department and Grantee Agreement Signatures

If this grant, including all attachments annexed hereto, correctly sets forth your understanding of the terms of the agreement, please indicate your organization's concurrence with such terms by having the enclosed copy of this grant signed by an appropriate officer of your organization and returned to the Department.

ACCEPTED AND AGREE:

COUNTERSIGNED:

(Grantee/Organization)

(Department, Division)

By \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

I attest that sufficient funds have been appropriated by State Legislature to cover the current state fiscal year portion of the grant.

APPROVED FOR FORM

DEPARTMENT GRANT APPROVAL OFFICER

OFFICE OF THE ATTORNEY GENERAL